

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		1ST AMENDMENT		2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	6					
TOTAL DEP.	2	↔	↔	↔		
TOTAL CLAIMS	8	████████	████████	████████		

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████████	████████	████████		